

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 786
 6 Township Central Primary Registration District No. 4469
 2 City Maplewood (No. 7457, Elm ave)
 2. FULL NAME David Helle
 (a) Residence, No. 7457 Elm St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 29 yrs. — mos. — ds. (If nonresident, give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

24292
 File No. _____
 Registered No. 36
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lydia K. Helle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1859
 7. AGE YEARS 73 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) June 1 - 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Missouri

13. NAME Simon Stelle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria Plegge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lydia K. Helle
7457 Elm Maplewood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE July 14 1933

19. UNDERTAKER (ADDRESS) Parker & Knight Co
Webster Groves Mo

20. FILED July 13 1933 Mercedes Schuster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 8 1933 to July 9 1933
 I last saw him alive on July 8 1933 Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 920
131 Mitral Regurgitation Jan 1923
Acute Prostatitis May 1933
 Other contributory causes of importance: _____

Name of operation Prostatectomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Nelson Hawley M. D.

(Address) Rt. 6 Box 274 Webster Groves Mo.

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